

SECTION 3. SERVICE INFORMATION

Service providers funded under ALL PARTS (Titles) should complete this section. Read the instructions carefully concerning reporting of services offered to HIV-affected clients. If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits within each service category. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV-indeterminate clients in the HIV+ column. ONLY Part D (Title IV) funded agencies may report services to affected clients in rows "a"-"l". If you do not receive Part D funding, do not complete these boxes for affected clients.

33. Services offered, number of clients served, and total number of visits during this reporting period:

1		2	3a		3b	4a		4b
Service Categories		Check if service was offered	Total # of unduplicated clients		Check if # of clients unknown	Total # of visits during reporting period		Check if # of visits unknown
			HIV+	Affected		HIV+	Affected	
CORE SERVICES								
a.	Outpatient/ambulatory medical care	<input checked="" type="checkbox"/>	269	**		1601	**	
b.	AIDS Pharmaceutical Assistance (local)	<input type="checkbox"/>	0			0		
c.	Oral health care	<input type="checkbox"/>	0	0		0	0	
d.	Early intervention services (Parts A and B)	<input type="checkbox"/>	0	0		0	0	
e.	Health Insurance Premium & Cost Sharing	<input type="checkbox"/>						
f.	Home health care	<input type="checkbox"/>	0	0		0	0	
g.	Home and community-based health services	<input type="checkbox"/>	0	0		0	0	
h.	Hospice services	<input type="checkbox"/>	0	0		0	0	
i.	Mental health services	<input checked="" type="checkbox"/>	32	0		36	0	
j.	Medical nutrition therapy	<input type="checkbox"/>	0	0		0	0	
k.	Medical case management (including treatment adherence)	<input checked="" type="checkbox"/>	78	**		503	**	
l.	Substance abuse services-outpatient	<input checked="" type="checkbox"/>	80	**		296	**	
SUPPORT SERVICES								
m.	Case management (non-medical)	<input checked="" type="checkbox"/>	51	0				
n.	Child care services	<input type="checkbox"/>	0	0				
o.	Pediatric developmental assessment/early intervention services	<input type="checkbox"/>	0	0				
p.	Emergency financial assistance	<input type="checkbox"/>	0	0				
q.	Food bank/home-delivered meals	<input type="checkbox"/>	0	0				
r.	Health education/risk education	<input type="checkbox"/>	0	0				
s.	Housing services	<input type="checkbox"/>	0	0				
t.	Legal services	<input type="checkbox"/>	0	0				
u.	Linguistics services	<input type="checkbox"/>	0	0				
v.	Medical transportation services	<input type="checkbox"/>	0	0				
w.	Outreach services	<input checked="" type="checkbox"/>	20	1				
x.	Permanency planning	<input type="checkbox"/>	0	0				
y.	Psychosocial support services	<input checked="" type="checkbox"/>	30	0				
z.	Referral for health care/support services	<input type="checkbox"/>	0	0				
aa.	Rehabilitation services	<input type="checkbox"/>	0	0				
ab.	Respite care	<input type="checkbox"/>	0	0				
ac.	Substance abuse services-residential	<input type="checkbox"/>	0	0				
ad.	Treatment adherence counseling	<input checked="" type="checkbox"/>	36	0				

** This field contains a validation error.